

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	70385	
O.I.P.E. CLASSIFIER		10	
FORMALITY REVIEW	FH	IC 856	10/10
RESPONSE FORMALITY REVIEW	NH	625	10-30-00
			04-19-01

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# INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... interference  
 (Through numeral)..... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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